

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-018882

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 372 Primary Registration District No. 6262 Registrar's No. 14
FILED MAY 14 1963

VS 300
Rev. 4/59

1 1120

2 1120

3 1

4 1

5 1

6 0

7 0

8 2

9 175.0

10 1290-0

11 2-0

12 2-0

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Dallas Twp.</u>		Length of stay in 1b <u>25 years</u>	c. CITY OR TOWN <u>Rogersville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt. #3 Rogersville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt. # 3</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First. <u>GERALDINE</u> Middle. <u>RETHA</u> Last. <u>MILLER</u>		4. DATE OF DEATH Month <u>April</u> Day <u>26</u> , Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-29-17</u>
9. AGE (last birthday) <u>45</u>		IF UNDER 1 YEAR Months <u>45</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Greene Co., Mo.</u>	
11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wesley Joy</u>		13b. MOTHER'S MAIDEN NAME <u>Horton</u>	
14. NAME OF HUSBAND OR WIFE <u>Willie A.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>W. A. Miller, Rt. 3, Rogersville</u>		17. INFORMANT Address <u>W. A. Miller, Rt. 3, Rogersville</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer of ovary</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal cause) (a) _____ disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18) _____		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
20f. CITY, TOWN, OR LOCATION <u>July 1961 to April 1963</u>		COUNTY <u>Webster</u> STATE <u>Missouri</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on <u>Jan. 29, 1963</u> Death occurred at _____ <u>9:4</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated:		22a. SIGNATURE (Degree or title) <u>Gene W. Farthing, M.D.</u>	
22b. ADDRESS <u>16365 Glenstone Spg. H.</u>		22c. DATE SIGNED <u>5-1-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-30-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Panther Valley Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Webster County, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Kelley Ferrell F. H., Rogersville</u>		25. DATE RECD. BY LOCAL REG. <u>5-18-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Gilbert Jones</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

by

Student Embalmer No.

working under my personal supervision

Student

Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.